

Office of the Registrar Graduate School, USDA, Suite 120 600 Maryland Avenue, S.W. Washington, DC 20024

## TRANSCRIPT REQUEST FORM, GRADUATE SCHOOL, USDA

This form must be signed and payment attached before a transcript can be issued. A transcript cannot be issued if you have an outstanding debt to the Graduate School. There is a charge of \$5.00 per transcript. Payment should be in the form of a personal check, money order, cashier's check, VISA, Master Card, American Express, or Diner's Club (indicate expiration date). Make checks payable to "Graduate School, USDA." Allow a minimum of two weeks for processing

PLEASE PRINT THE INFORMATION BELOW

| Full Name  |
|--|
| Street Address_  |
| CityState/Zip Code   |
| Social Security NumberDate of Birth  |
| Name While Attending   |
| Address While Attending  |
| City While AttendingState/Zip While Attending  |
| Daytime Telephone Number ()E-mail Address  |
| First Year EnrolledLast Year Enrolled  |
| Hold until current grades are received?YesNo   |
| Deadline Date (if any)Number of Copies Requested   |
| Payment: Check#MO #  |
| Credit Card Information:VISA /MC /AX /DC   |
| Card Number:Expiration Date:   |
| Are you the cardholder?YesNo   |
| If no, print the cardholder's nameand telephone number                                     |
| Send transcript to this person at this address:  1)  |
|  |
| SIGNATURE (MANDATORY for release of transcript)  |
| Date of Request  |
| The Family Rights and Privacy Act as amended in 1995 prohibits release of this information |

without the student's written consent.

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